

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>4/5/24/05</u>		2 Serial/Patent # <u>10/5/8/22</u>																					
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT \$ <u>100⁰⁰</u>
<input checked="" type="checkbox"/>	Filing																						
<input type="checkbox"/>	Amendment																						
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		7 TOTAL AMOUNT OF REFUND	<u>\$100⁰⁰</u>																				
10 REASON: <input checked="" type="checkbox"/> Overpayment <u>Search Fee</u> <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		8 TO BE REFUNDED BY: <input type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">/</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> </tr> </table>		0	3	--	3	/	2	5													
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11 REFUND REQUESTED BY: <u>F Young</u>																							
TYPED/PRINTED NAME: <u>F Young</u>		TITLE: <u>Paralegal</u>																					
SIGNATURE: _____		PHONE: _____																					
OFFICE: _____																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: